| File Number: 8 0 For the reporting period ended December 31, 2002 | 03001168 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 | OMB APPROVAL OMB Number: 3235-0337 Expires: July 31, 2003 Estimated average burden hours per full response. 6.00 Estimated average burden hours per intermediate response. 1.50 Estimated average burden hours per minimum response. 50 |
|---|---|---|
| | FORM TA-2 R REPORTING ACTIVITIES OF TRANSF TO SECTION 17A OF THE SECURITIES | · |
| ATTENTION: | INTENTIONAL MISSTATEMENTS OR CONSTITUTE FEDERAL CRIMINAL V See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a) | OMISSIONS OF FACT IOLATIONS. PROCESSED |
| Full name of Registrant as state (Do not use Form TA-2 to change name MARION BANK | | / FEB 2 1 2003 THOMSON FINANCIAL |
| 2. a. During the reporting period, (Check appropriate box.) | has the Registrant engaged a service company to perf | |
| company(ies) engaged: | Some XX None (a) is all or some, provide the name(s) and transf | er agent file number(s) of all service |
| Name of Transfer Agent(s) | | File No. (beginning with 84- or 85-): |
| | | |

c. During the reporting period, has the Registrant been engaged as a service company by a named transfer agent to perform transfer agent functions?

☐ Yes ※※ No

d. If the answer to subsection (c) is yes, provide the name(s) and file number(s) of the named transfer agent(s) for which the Registrant has been engaged as a service company to perform transfer agent functions: (If more room is required, please complete and attach the Supplement to Form TA-2.)

| Name of Transfer Agent(s): | File No. (beginning with 84- or 85-) | | |
|----------------------------|--------------------------------------|--|--|
| | ". | | |
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| 3. | a | Federal Dep | of the Curren osit Insurance | cy Corpor Federa | ation 1 Reserve Syst | | x only.) | | | | |
|------|-----|--------------------------------------|-----------------------------------|------------------------|---|--------------------------------|------------------------|--------------------------|----------|---------------------|------|
| | b. | During the report information report | | | | | | | | | hic |
| | · · | | nendment(s) file amendme le | | | | | | | | |
| -]- | c. | If the answer to | subsection (b) | is no, j | provide an exp | olanation: | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | 1. | | | | | | |
| | | | | | | Service Services | | | - | | |
| | | If the | ie response | to any | of question | s 4-11 below | is none or z | ero, enter | "0." | | |
| | | | | | 1. The second 1. 1. | | | | | | |
| 4. | Nu | mber of items rec | eived for tran | sfer dur | ing the report | ing period: | | | | 107 | |
| 5. | a. | Total number of System (DRS), o | | | | | | | | 548 | |
| | b. | Number of indiv | vidual security | holder | dividend reinv | estment plan an | ıd/or direct pı | ırchase plan | • | 0 | |
| | ٠. | as of December | 31: | | | | | | | | |
| | c. | Number of indiv | idual security | holder | DRS accounts | as of December | r 31: | | | 0 | |
| | d. | Approximate pe December 31: | rcentage of in | ndividua | al securityholo | ler accounts fro | m subsection | (a) in the fe | ollowing | categories a | 1S (|
| | | Corporate Equity Securities | Corporate Debt Securities | | Open-End Investment Company Securities | Limite Partners Securiti | hip S | icipal Debt ecurities | 1 | other urities | |
| | | 100% | | | | | | | | | |
| 6. | Nu | mber of securities | s issues for wh | ich Reg | gistrant acted i | in the following | capacities, as | of December | er 31: | | |
| | | *** | | | | | | | | | _ |
| | | | | | Corporate Securities | Open-End Investment | Limited Partnership | | t S | Other Securities | |
| • | ." | - | | Equity | Debt | Company Securities | Securities | Securi | ties | | |
| | a. | Receives items i | for transfer | | - | | | | | | 1 |
| | | and maintains th | ne master | | | | | | | | |
| | | securityholder f | iles: | 1 | | | | | | | |
| - | b | | | | | | | | | <u></u> | Ì |
| | | but does not ma | | | - | | | | | | |
| | _ | master securityh | | | | | | | | <u>.</u> | 1 |
| | c. | Does not receive transfer but mai | | | | | | | | | |
| | | master securityh | | | | | | | | | |

| 7. | S | certain additional types of activities performed: No one of issues for which dividend reinvestment plan and/or direct purchase plan | |
|------|----------|---|---------------------|
| | а. | services were provided, as of December 31: | o |
| | b. | Number of issues for which DRS services were provided, as of December 31: | |
| | c. | | |
| | • | i. number of issues | 190,000 |
| | | ii. amount (in dollars) | 100,800 |
| | | The difficulty (in dollars) | |
| 8. | a. | Number and aggregate market value of securities aged record differences, existing for more than 30 December 31: | days, as of |
| | | | • |
| | | | rrent |
| | | | fer Agent |
| | | (If applicable) | · , |
| | | i. Number of issues | |
| 1 | | ii. Market value (in dollars) | |
| | b. | Number of quarterly reports regarding buy-ins filed by the Registrant with its ARA (including the SEC) during the reporting period pursuant to Rule 17Ad-11(c)(2): | 0 |
| | c. | During the reporting period, did the Registrant file all quarterly reports regarding buy-ins with its a (including the SEC) required by Rule 17Ad-11(c)(2)? | ARA |
| | | XX Yes ☐ No | |
| | d. | If the answers to subsection (c) is no, provide an explanation for each failure to file: | % |
| | | | |
| | | | <u> </u> |
| | | | |
| | | | |
| i. | | | |
| | | | |
| 9. | a. | During the reporting period, has the Registrant always been in compliance with the turnaround time as set forth in Rule 17Ad-2? | e for routine items |
| | | | |
| | | XX Yes No | |
| | | If the answer to subsection (a) is no, complete subsections (i) through (ii). | |
| | | i. Provide the number of months during the reporting period in which the Registrant was not in compliance with the turnaround time for routine items according to Rule 17Ad-2 | **** |
| | | ii. Provide the number of written notices Registrant filed during the reporting period with the SEC and with its ARA that reported its noncompliance with turnaround time for routine items according to Rule 17Ad-2. | |
| ın | No | mber of open-end investment company securities purchases and redemptions (transactions) excluding | a dividend interes |
| . U. | | d distribution postings, and address changes processed during the reporting period: | g arvident, interes |
| ٠. | anc | Total number of transactions processed: | 0 |
| | a. b. | Number of transactions processed on a date other than date of receipt of order (as ofs): | |
| | υ. | Trainible of transactions processed on a date other than date of receipt of order (as 015): | |
| | | | |

11. as the reporting period, provide the date of all database searches conducted for lost securityholder accounts listed on the transfer agent's master securityholder files, the number of lost securityholder accounts for which a database search has been conducted, and the number of lost securityholder accounts for which a different address has been obtained as a result of a database search:

| Date of Database Search | | Number of Lost Securityholder Accounts Submitted for Database | Number of Different Addresses Obtained from Database Search |
|-------------------------|--|---|---|
| | | Search | <u> </u> |
| | | 0 | |
| <u>_</u> | | | |
| _ | | | |
| - | | | |

| b. | Number of lost securityholder accounts that have been remitted to states during the | 1.1 | |
|----|---|-----|---|
| | reporting period: | | _ |

SIGNATURE: The Registrant submitting this Form, and the person signing the Form, hereby represent that all the information contained in the Form is true, correct, and complete.

| Manual signature of Official responsible for Form: | Title: Sr. Vice President |
|---|--------------------------------|
| apriles F. Jarles | Telephone number: 740-387-2265 |
| Name of Official responsible for Form: (First name, Middle name, Last name) | Date signed (Month/Day/Year): |
| Cynthia L. Sparling | 01/28/03 |

| | | | • |
|--------------------------|-------------------------|--|---|
| File | Supplement to Form TA-2 | | |
| | | | |
| For the reporting period | Full Name of Registrant | | |
| ended December 31, | | | |

Use this schedule to provide the name(s) and file number(s) of the named transfer agent(s) for which the Registrant has been engaged as a service company to perform transfer agent functions:

| Name(s): | File No. (beginning with 84- or 85-): |
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